



Lifetime Wellness Integrative Health

Mutual Understandings and Consent to Treatment:

Information revealed during initial consultations, re-evaluations and other counseling sessions are confidential. Exceptions to this confidentiality include disclosure by you/patient regarding intention to harm yourself or others. Your record and the information contained within it will not be disclosed to others unless you direct us to do so or unless the law authorizes or compels us to do so.

Each procedure and/or treatment (including nutraceuticals and bio-identical hormones) carries both risks and benefits. You are encouraged to ask Dr. Mancuso any questions and/or concerns you have regarding treatment. Although your protocol will be thoroughly researched and will be customized to your unique health status and your personal goals, no guarantees can be assured regarding the outcomes of treatment(s) or procedure(s).

Fees are charged for professional services, and full payment with cash, check or credit card (Visa and Master card accepted) are due in full at the time services are rendered. Consultations whether by phone or in the office are examples of professional services. You are responsible for payment for office fees, treatments and lab tests. Our office does not bill insurance carriers, but we will provide a detailed receipt to request reimbursement from your insurance. Our office does not bill Medicare and Medicare does not reimburse for lab test, nutrition consultation, preventative or holistic treatments regardless of your need for these services.

When you call and schedule an appointment time is reserved especially for you and Dr. Mancuso. We require 24-hour notice for any cancellations or appointments that need to be rescheduled. If we do not receive notice within 24-hours of your appointment we will charge you \$90.00 which is the price of the appointment. We will be asking to keep a current credit card on file for this purpose.

You are encouraged to ask questions on any health-related topic and to take an active role in your health care. Ours is a team approach and natural treatment may involve encouraging you to make changes in your diet and life-style that can help achieve optimal health.

I clearly understand that Dr. Mancuso is a Chiropractic/Naturopathic physician, a trained specialist in natural therapies and practices. I also fully understand like with all medical treatments, her practice with health and prevention, with regards to using nutraceuticals, supplements, herbs, bio-identical hormones, homeopathic remedies and liposomal creams can carry both positive and negative results.

I authorize the Doctor to work with my condition using nutraceuticals, supplements, bio-identical hormones, homeopathic remedies and creams as she deems necessary and appropriate.

Name: _____

Date: _____

